

ALBERTA STANDARD GARAGE AUTOMOBILE APPLICATION (S.A.F. No. 4) Policy No. Assigned: _____

INSURANCE COMPANY (Hereinafter called the Insurer) NEW REPLACING POLICY NUMBER PREFERRED POLICY LANGUAGE ENGLISH FRENCH

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS (INCLUDING COUNTY OR DISTRICT)

BROKER'S CLIENT ID		COMPANY CLIENT ID	
BROKER / AGENT			
BRANCH		CODE(S)	
POSTAL CODE			
CONTACT NUMBER		CONTACT NUMBER	
<input type="checkbox"/> BUSINESS	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> BROKER/AGENT BILL	
<input type="checkbox"/> HOME	<input type="checkbox"/> HOME	<input type="checkbox"/> COMPANY BILL	
<input type="checkbox"/> FAX	<input type="checkbox"/> FAX	<input type="checkbox"/> PAYMENT PLAN	

BUSINESS ADDRESS (INCLUDING COUNTY OR DISTRICT)

LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY)	BUILDING	STRUCTURE TYPE	LOT
(A)			
(B)			
(C)			
(D)			

2. Policy Period From **Time** a.m. p.m. **Date** To 12:01 a.m. All times are local times at the applicant's postal address stated herein.

3. THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE APPLICANT'S BUSINESS OF:

(SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT AND DESCRIBE ALL OTHER BUSINESS, IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE APPLICANT AT THE LOCATIONS SPECIFIED IN ITEM 1) HEREOF. **NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES.**

4. THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED (AB PCSI).

ESTIMATED TOTAL PAYROLL FOR POLICY PERIOD \$	NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY:	FULL TIME	PART TIME

5. THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM, BUT ONLY FOR INSURANCE UNDER THE SECTION(S) OR SUBSECTION(S) FOR WHICH A PREMIUM IS SPECIFIED IN THIS ITEM AND NO OTHER AND UPON THE TERMS, CONDITIONS, PROVISIONS, DEFINITIONS AND EXCLUSIONS OF THE INSURER'S CORRESPONDING STANDARD POLICY FORM AND FOR THE FOLLOWING SPECIFIED LIMITS AND AMOUNTS:

INSURING AGREEMENTS	PERILS	LIMITS AND AMOUNTS	ADVANCE PREMIUM	
SECTION A THIRD PARTY LIABILITY	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY OF OTHERS NOT IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT.	\$ (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT.	\$	
SECTION B ACCIDENT BENEFITS	SUB. SEC. 1 MEDICAL PAYMENTS	SUBJECT TO PROVINCIAL LEGISLATION, COVERAGE APPLIES AS FOLLOWS: AS STATED IN THE ACCIDENT BENEFITS WORDING.		
	2 DEATH, GRIEF COUNSELLING, FUNERAL AND TOTAL DISABILITY			
	3 UNINSURED MOTORIST COVER			
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	1 COLLISION OR UPSET	ACTUAL CASH VALUE AT TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE \$	
	THE PREMIUM UNDER SUBSECTION 2, 3 AND 4 SHALL BE COMPUTED ON A: MONTHLY AVERAGE BASIS <input type="checkbox"/> OR CO-INSURANCE BASIS <input type="checkbox"/> OR OTHER <input type="checkbox"/>			
	2 COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT PILFERAGE)	LOCATION AS PER ITEM 1 (A)	*LIMIT OF LIABILITY \$	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE (EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE) \$
	3 SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	(B)	\$	\$
	4 SPECIFIED PERILS (EXCLUDING THEFT)	(C)	\$	\$
* IN RESPECT OF EACH AUTOMOBILE, THE ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND SUBJECT TO THAT LIMIT FOR EACH AUTOMOBILE: (A) THE AMOUNT OF INSURANCE STATED IN THE MONTHLY REPORT, IF ANY, OR (B) THE LIMIT OF INSURANCE STATED HEREIN TO BE APPLICABLE TO EACH SPECIFIED LOCATION FOR LOSS OR DAMAGE FROM ANY ONE OCCURRENCE AT EACH SPECIFIED LOCATION.				
SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES HELD IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT	1 COLLISION OR UPSET	\$ (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE CUSTOMER'S AUTOMOBILE	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE \$	
	2 SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	LOCATION AS PER ITEM 1 (A)	LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE OCCURRENCE \$	
		(B)	\$	
		(C)	\$	
	(D)	\$	\$	

ENDORSEMENTS

MINIMUM RETAINED PREMIUM \$	THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY	TOTAL ADVANCE PREMIUM \$
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STATE NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS, IF ANY, UNDER SECTION C IS PAYABLE AS THEIR INTERESTS MAY APPEAR

6. HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE ANY INSURANCE RELATED TO THE BUSINESS OF THE APPLICANT WITHIN THE THREE YEARS PRECEDING THIS APPLICATION?

IF SO, PROVIDE THE FOLLOWING: INSURER: _____ POLICY NO.: _____

7. STATE PARTICULARS OF ALL ACCIDENTS, LOSSES OR CLAIMS ARISING OUT OF THE OWNERSHIP, USE OR OPERATION OF ANY AUTOMOBILE (I) BY THE APPLICANT AND (II) IN CONNECTION WITH THE BUSINESS, WITHIN THE THREE YEARS PRECEDING THIS APPLICATION. (LIST SEPARATELY IF NECESSARY.)

INJURY TO PERSONS	(A) COLLISION	DAMAGE TO APPLICANT'S VEHICLES	(B) OTHER

8. ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID STATEMENTS.

Where (a) an Applicant for a contract, (i) gives false particulars of the described automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

The applicant acknowledges that all of the information given by the applicant in items 1 through 8 is true and the applicant hereby applies for a contract of automobile insurance to be based on the truth of the said information.

The personal information collected on this application is needed to issue the policy. We are required to provide this information to the Underwriting Information Tracking System, which is a data bank operated on behalf of the automobile insurance industry for the purpose of statistical analysis, identification of eligible risks and the proper rating of those risks. The information in the data bank is available to all insurance companies and insurance agents providing automobile insurance in Canada.

CONSENT: I am applying for automobile insurance based on the information provided in this application. I authorize you to collect, use and disclose the information on this form and any additional information about my driving record, automobile insurance policy and claims history and that of the listed drivers from whom I declare I have obtained consent for these purposes. I understand that this personal information is necessary to assess the risk, issue the insurance contract, renewal or change, detect and prevent fraud and investigate and settle any claims. If I apply for a premium payment plan, I authorize you to obtain and use my credit report.

DATE: <input type="text"/> <input type="text"/> <input type="text"/>	PRINT NAME: _____	TITLE: _____
<input type="text"/> <input type="text"/> <input type="text"/>	SIGNATURE OF APPLICANT: _____	POSITION: _____

9. BROKER/AGENT CONSENT - I CONFIRM THAT I HAVE READ TO THE APPLICANT(S) THE CONSENT PROVISION IN ITEM 8 OF THIS APPLICATION FORM AND THE APPLICANT(S) HAS / HAVE DECLARED THEIR CONSENT AND FURTHER DECLARES THAT THEY HAVE THE CONSENT OF THE DRIVERS OF THE VEHICLES INSURED UNDER THIS CONTRACT OF INSURANCE.

BROKERAGE / AGENT NAME: _____ BROKER / AGENT: _____